

## MEDICAL COVERAGE CRITERIA

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Sonder Health Plans (SHP or the Plan) Health Services Department ensures compliance with all applicable CMS regulations governing requests for organization determinations from enrollees, enrollee's authorized representative and/or providers for services that the Plan has determined require prior authorization.

SHP uses nationally recognized utilization criteria and evidence-based, clinically developed sources for policy and standards of care for utilization management reviews. SHP uses the following sources for medical coverage criteria:

1. CMS National Coverage Determinations (NCDs): <https://www.cms.gov/medicare-coverage-database/search.aspx>
2. CMS Local Coverage Determinations (LCDs) (*In absence of an LCD applicable to the Georgia service area, SHP may opt to apply coverage criteria from a Traditional Medicare Local Coverage Determination (LCD) that is not applicable to the service area*): <https://www.cms.gov/medicare-coverage-database/search.aspx>
3. General coverage and benefit conditions included in Traditional Medicare regulations as indicated in CMS Medicare Benefit manuals: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms012673>
4. MCG Health 28<sup>th</sup> edition guidelines are used when applicable Medicare coverage criteria are not fully established. (*specific guidelines will be furnished to member and/or provider upon request, per MCG licensing agreement*)
5. For determining Part B drug requests, in addition to FDA labeled drug indications, SHP will also use one or more of the following CMS approved compendia:
  - a. American Hospital Formulary Service-Drug Information (AHFS-DI) – indication is supportive
  - b. NCCN Drugs and Biologics Compendium - indication is a Category 1 or 2A
  - c. Micromedex DrugDex® – indication is Class I, Class IIa, or Class IIb or
  - d. Clinical Pharmacology – indication is supportive
  - e. Lexi-Drugs - indication is rated as “Evidence Level A”